

City of Brentwood
Planning and Codes Department
5211 Maryland Way (37027)
P.O. Box 788
Brentwood, TN 37024-0788

Office (615) 371-2204

Fax (615) 371-2233

www.brentwood-tn.org/planning



FEBRUARY 8, 2017 FEBRUARY 8, 2017 FEBRUARY 8, 2017 FEBRUARY 8, 2017

Residential Permit Application for **◆ Irrigation - Fire Sprinkler ◆**

- 1.) NOTE: *LANDSCAPING, FIRE SPRINKLER OR PLUMBING CONTRACTOR SHALL SUBMIT APPLICATION; NO WORK SHALL BEGIN UNTIL PERMIT IS POSTED ON JOBSITE. PROVIDE PERMIT NUMBER TO CERTIFIED BACKFLOW TESTING COMPANY FOR SUBMITTAL OF INITIAL TEST REPORT.***

CHECK ONE: Landscape Irrigation ☐ Fire Suppression ☐

OTHER: ☐ (if *other*, provide detailed description) _____

2.) PERMIT APPLICATION DATE AND WATER PURVEYOR INFORMATION

Permit Application Date: _____

Water Purveyor: _____

Brentwood Water Account Number: _____ This information is *mandatory*, if installing
inside the Brentwood Water System. Call (615) 661-7061 to ascertain the account number.

3.) PROJECT INFORMATION

Property Street Address: _____

Subdivision Name: _____ Lot No.: _____

4.) PROPERTY OWNER INFORMATION

Property Owner's Name(s): _____

Address (if different from Project): _____

City, State: _____ Zip Code: _____

Telephone Number: (____) _____

Property Owner's Mobile Telephone Number: (____) _____

Email Address: _____

5.) CONTRACTOR INFORMATION

Applicant's Name: _____

Applicant's Company Name: _____

Mailing Address: _____ City/State/Zip: _____

Business Physical Address: _____ City/State/Zip: _____

TN Contractor's License Number No.: _____ Expiration Date: _____

Worker's Compensation Policy No.: _____ Expiration Date: _____

Brentwood Business Tax License No.: _____ Expiration Date: _____

Valuation of Project: \$ _____

Company Telephone Number: (____) _____ Extension No.: _____

Applicant's Mobile Telephone Number: (____) _____

Email Address: _____

**RESIDENTIAL PERMIT APPLICATION FOR:
IRRIGATION – FIRE SPRINKLER - WATER SERVICE**

FEBRUARY 8, 2017

PAGE 2 OF 2

6.) ESTIMATED PROJECTION COMPLETION DATE

Provide your estimated date of completion for this project. Initial Backflow Test Report shall become due to the Planning & Codes Department, forty (40) days, thereafter, or upon a requested final building inspection.

Estimated Date of Completion is: _____, 201 ____

APPROVED BACKFLOW TESTING COMPANY _____

7.) IMPORTANT NOTICES TO APPLICANT / CONTRACTOR

A.) The following act is prohibited: the installation, allowing the installation, or maintenance of any cross connection, auxiliary intake, or bypass, unless the source and quality of water from the auxiliary supply, the method of connection, and the use and operation of such cross connection, auxiliary intake, or bypass has been approved by the Tennessee Department of Environment & Conservation. **T.C.A. 68-221-711**

B.) Application and Permit become void if work is not commenced or is idle for more than 180 days.

8.) ELECTRICAL INSPECTION REQUIREMENTS (SPECIFIC TO IRRIGATION SYSTEMS)

Contractor-Installer completing work shall consult with the State of Tennessee Deputy Electrical Inspector to determine if a permit/inspection is required. Phone number is (615) 577-6161.

9.) ACKNOWLEDGE AND CERTIFY

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work shall be compiled with whether specified herein or not.. The granting of a permit does not presume to give authority to violate or cancel the provisions of any adopted codes or any other state or local law regulating building, construction or home improvements, or the performance, thereof.

◆ **APPLICANT'S SIGNATURE** _____

◆ **APPLICANT'S NAME (PRINT CLEARLY)** _____

◆ **DATE** _____

OFFICE USE ONLY

REVIEWED BY: _____ DATE: _____